

Application Data Sheet

Application Information

Application number::
Filing Date:: 03/09/04
Application Type:: Continuation-in-part
Subject Matter:: Utility
Title:: ENDOLUMINAL TOOL DEPLOYMENT
SYSTEM
Attorney Docket Number:: 021496-000130US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 8H
Total Drawing Sheets:: 42
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: VAHID
Family Name:: SAADAT
City of Residence:: Saratoga
State or Province of Residence:: CA
Street of Mailing Address:: 12679 Kane Drive
City of Mailing Address:: Saratoga
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95070

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: CHRIS
Middle Name:: A.
Family Name:: ROTHE
City of Residence:: San Jose
State or Province of Residence:: CA
Street of Mailing Address:: 1593 Sabina Way
City of Mailing Address:: San Jose
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95118

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: RICHARD
Middle Name:: C.
Family Name:: EWERS
City of Residence:: Fullerton
State or Province of Residence:: CA
Street of Mailing Address:: 1437 W. Malvern
City of Mailing Address:: Fullerton
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92833

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: TRACY
Middle Name:: D.
Family Name:: MAAHS
City of Residence:: Rancho Santa Margarita
State or Province of Residence:: CA
Street of Mailing Address:: 11 Paseo Simpatico
City of Mailing Address:: Rancho Santa Margarita
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92688

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: KENNETH
Middle Name:: J.
Family Name:: MICHLITSCH
City of Residence:: Livermore
State or Province of Residence:: CA
Street of Mailing Address:: 822 South M Street
City of Mailing Address:: Livermore
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94550

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application 10/458,060	Continuation-in-part of Continuation-in-part of	10/458,060 10/346,709	06/09/03 01/15/03
10/458,060	An application claiming the benefit under 35 USC 119(e)	60/471,893	05/19/03
This Application	Continuation-in-part of	10/735,030	12/12/03

Assignee Information

Assignee Name:: USGI MEDICAL CORP.
Street of mailing address:: 1140 Calle Cordillera
City of mailing address:: Suite A
State or Province of mailing address:: San Clemente
Postal or Zip Code of mailing address:: CA
Postal or Zip Code of mailing address:: 92673